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**ROYSTON**

(YORKS.)

**URBAN DISTRICT COUNCIL**

**ANNUAL  
REPORT**

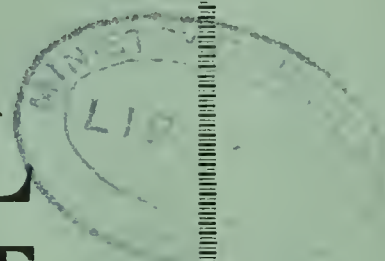
of the

Medical Officer of Health

and the Sanitary Inspector

for the

Year ended 31st December, 1953





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# **ROYSTON URBAN DISTRICT COUNCIL**

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## **HEALTH COMMITTEE**

**1953**

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### **Chairman of the Council:**

Councillor G. H. COOKE, J.P.

### **Chairman:**

Councillor H. Griffiths

Councillor C. T. Bell

Councillor J. Berry, C.C.

Councillor T. Dyer

Councillor L. W. Jackson

Councillor T. Paling

Councillor G. Shone

Councillor Mrs. J. A. Westwood

### **Staff of the Public Health Department**

#### **Medical Officer of Health**

January to May—

J. R. MURDOCK (Mod) B.A., M.D., D.P.H., D.C.H.

June to December—

R. S. HYND, M.B., Ch.B., D.P.H.

#### **Sanitary Inspector and Cleansing Superintendent**

G. E. MILLAR, M.R.San.I., M.S.I.A., C.S.I.B., M.Inst.M.  
(Certificated Inspector of Meat and Other Foods)

#### **Pupil Sanitary Inspector (Whole-Time)**

P. M. DENNIS (Training commenced 5th October, 1953)

# ROYSTON URBAN DISTRICT COUNCIL

Divisional Health Office  
6 Victoria Road,  
BARNSELEY.  
September, 1954

## **ANNUAL REPORT** **for the year ended 31st December, 1953**

To the Chairman and Members of the Royston Urban District Council—

Mr. Chairman, Madam and Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December, 1953. The report is compiled from statistics collected partly during the period of office of my predecessor, Dr. J. R. Murdock, and my comments will be minimal and in the main explanatory. The general outline of the report has been altered somewhat from the form of presentation in the past and a survey of the health services for which the County Council is the administrative authority has been included. A brief comment upon the hospital arrangements has also been included to complete the picture of the total health services available to the district.

The vital statistics are on the whole satisfactory and particularly encouraging is the reduction in the infantile mortality and stillbirth rates. The incidence of infectious diseases was higher last year mainly due to an epidemic of measles in the first half of the year. The increased incidence of and mortality from Pulmonary Tuberculosis must be noted.

I would like to take the opportunity to thank the Chairman and Members of the Health Committee for their support, my divisional health staff for their willing assistance and your Sanitary Inspector, Mr. G. E. Millar, for the loyal co-operation he has always afforded me.

I am,

Your obedient servant,

R. S. HYND,

Medical Officer of Health.

## URBAN DISTRICT OF ROYSTON

### Statistics and Social Conditions

Area .....	1,452 acres
Registrar General's estimate of population	
mid 1953 .....	8.152
No. of inhabited houses .....	2,439
Rateable Value .....	£30,922
Nett product of a Penny Rate .....	£115/5/10

The district is predominantly a coal-mining area with the majority of the population earning their living directly or indirectly from the industry. There are two small factories sited in the district, one concerned with light engineering and the other with the manufacture of textiles, which give very welcome employment to the younger female element of the population. It is to be hoped that the Council's policy of encouraging the establishment of light industries in the district will lead to further factories being built in the future.

### VITAL STATISTICS

#### Live Births

	Male	Female	Total
Legitimate .....	64	57	121
Illegitimate .....	—	2	2
	<hr/> 64	<hr/> 59	<hr/> 123 <hr/>

The number of live births registered showed a decrease of one from the previous year. 63% of the mothers were delivered in Maternity Homes or Hospitals as compared with 65% in 1952. The Registrar General supplied a comparability factor which relates the proportion of women in the district of child-bearing age with the proportion in a standard population. The crude birth rate multiplied by the comparability factor gives an adjusted birth-rate which is comparable with adjusted birth rates in other districts and with the birth rate for the country as a whole. The adjusted birth rate for your district last year was 16.0 per 1,000 estimated population as compared with 16.8 per 1,000 estimated population in 1952 and with 15.5 per 1,000 estimated population for England and Wales. The excess of births over deaths, or the natural increase of population, was 45 as compared with 46 for the previous year.

## **Premature Babies**

8 babies were born prematurely, 3 of whom were born at home and 5 in hospital. Unfortunately, 2 of the babies died within a few days of birth but the others survived and made normal progress.

## **Stillbirths**

2 stillbirths were notified last year as compared with 5 in 1952. The stillbirth rate was 16.0 per 1,000 total births as compared with 38.9 per 1,000 total births in 1952 and with 22.4 per 1,000 total births for England and Wales. The reduction in the stillbirth rate was particularly pleasing as it was not accompanied by any compensatory increase in the neo-natal mortality rate.

## **Deaths**

The adjusted death rate, which is the crude death rate, multiplied by the comparability factor, was 11.7 per 1,000 estimated population as compared with the same figure for 1952 and with 11.4 for England and Wales. There were 78 deaths among the inhabitants of your district, the same number as in 1952, and the principal causes of death in order of numerical importance were: heart and circulatory diseases, respiratory diseases, cancer. Statistics relating to death rates and the causes and ages at death are given in tabular form at the end of the section on vital statistics.

## **Infantile Mortality**

Fluctuations in the annual infantile mortality rates are the common and perhaps inevitable experience of small urban districts for reasons which are easy to appreciate. Where the yearly number of births is small, appreciable variations in the infantile mortality rate will occur even though the actual number of deaths vary only slightly from year to year. Even under the best circumstances the number of infant deaths will fluctuate because certain deaths are due to causes over which we possess little, if any, control. Fluctuations, therefore, in your annual infantile mortality rates must be expected and last year the rate was 40.7 per 1,000 live births as compared with 64.5 per 1,000 live births in 1952 and with 26.8 per 1,000 live births for England and Wales.

If we are to get a true picture of the actual position we must look more deeply than the mere infantile mortality rate and examine closely the cause of each infant death. For last year we find that of the 5 infant deaths 4 occurred within



the first few days of life and from causes over which we cannot exercise complete control. But while prematurity and birth injuries may be counted as normal hazards of pregnancy and labour and as such unavoidable, the risk of such accidents can be diminished to some extent if we make certain that mothers get the greatest possible care both during the ante-natal period and at their confinements. For this we must have the full co-operation of the mothers and it is our job to help them to understand the means whereby this co-operation can be achieved. An expectant mother has the right to choose from whom she receives her ante-natal care, whether from a hospital, from the family doctor or from the facilities of the Local Health Authority. What is of prime importance is not the source from which she receives her ante-natal care but the quality of the care she receives and the best is only possible when the patient herself willingly co-operates. We cannot rest content until the hazards of child-birth, both for mother and child, are reduced to the minimum and it will take un-remitting effort to reach this happy state of affairs.

### Maternal Mortality

I am glad to report that no death occurred last year due to maternal causes.

### INFANTILE MORTALITY IN 1953

Nett deaths from stated causes under 1 year of age

Cause of Death	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 Year
Birth Injury .....	2	—	—	—	2	—	—	—	—	2
Prematurity .....	2	—	—	—	2	—	—	—	—	2
Broncho-pneumonia	—	—	—	—	—	—	1	—	—	1
Total .....	4	—	—	—	4	—	1	—	—	5



## DEATHS IN AGE GROUPS

	Males	Females	TOTAL
Under 1 year .....	3	2	5
1— 5 years .....	2	—	2
5—10 years .....	—	—	—
10—15 years .....	—	1	1
15—20 years .....	—	—	—
20—25 years .....	—	—	—
25—35 years .....	—	1	1
35—45 years .....	2	2	4
45—55 years .....	4	1	5
55—65 years .....	15	4	19
65—70 years .....	6	1	7
70—75 years .....	4	4	8
75—80 years .....	11	6	17
80—85 years .....	3	3	6
85—90 years .....	2	1	3
90 years and over .....	—	—	—
<b>TOTAL .....</b>	<b>52</b>	<b>26</b>	<b>78</b>

## PRINCIPAL CAUSES OF DEATH

	Males	Females	TOTAL
1. Tuberculosis, Respiratory .....	2	1	3
2. Tuberculosis, Other .....	1	—	1
3. Syphilitic Disease .....	1	—	1
4. Diphtheria .....	—	—	—
5. Whooping Cough .....	—	—	—
6. Meningococcal Infections .....	—	—	—
7. Acute Poliomyelitis .....	—	—	—
8. Measles .....	—	—	—
9. Other infective and parasitic diseases .....	—	—	—
10. Malignant Neoplasm, Stomach .....	1	—	1
11. Malignant Neoplasm, Lung, Bronchus .....	1	—	1
12. Malignant Neoplasm, Breast .....	—	—	—
13. Malignant Neoplasm, Uterus .....	—	1	1
14. Other Malignant & Lymphatic Neoplasms .....	2	2	4
15. Leukaemia, Aleukaemia .....	—	—	—
16. Diabetes .....	—	—	—
17. Vascular Lesions of Nervous System .....	6	4	10
18. Coronary Disease, Angina .....	10	2	12
19. Hypertension with Heart Disease .....	—	—	—
20. Other Heart Disease .....	10	9	19
21. Other Circulatory Disease .....	3	1	4
22. Influenza .....	—	—	—
23. Pneumonia .....	4	1	5
24. Bronchitis .....	4	—	4
25. Other Diseases of Respiratory System .....	—	—	—
26. Ulcer of Stomach and Duodenum .....	—	1	1
27. Gastritis, Enteritis and Diarrhoea .....	—	—	—
28. Nephritis and Nephrosis .....	—	1	1
29. Hyperplasia of Prostate .....	—	—	—
30. Pregnancy, Childbirth, Abortion .....	—	—	—
31. Congenital Malformations .....	—	—	—
32. Other defined and ill-defined diseases .....	4	2	6
33. Motor Vehicle Accidents .....	—	—	—
34. All other Accidents .....	3	—	3
35. Suicide .....	—	1	1
36. Homicide and operations of war .....	—	—	—
<b>All Causes .....</b>	<b>52</b>	<b>26</b>	<b>78</b>

**Birth Rates, Death Rates, Analysis of Mortality, Maternal Mortality  
and Case Rates for certain Infectious Diseases in the Year 1953.**  
Provisional figures based on Quarterly Returns

	Royston U.D.	England and Wales	160 County Boroughs and Great Towns (including London)	160 Smaller Towns (resident population 25,000-50,000 at 1951 Census)	London Admini- strative County
<b>Births:</b>	<b>Rates per 1,000 Home Population</b>				
Live Births .....	16.0	15.5	17.0	15.7	17.5
Still Births .....	0.24	0.35	0.43	0.34	0.38
<b>Deaths:</b>					
All Causes .....	11.7	11.4	12.2	11.3	12.5
Typhoid and Para-Typhoid .....	—	0.00	0.00	—	—
Whooping Cough .....	—	0.01	0.01	0.00	0.00
Diphtheria .....	—	0.00	0.00	0.00	—
Tuberculosis .....	0.48	0.20	0.24	0.19	0.24
Influenza .....	—	0.16	0.15	0.17	0.15
Smallpox .....	—	0.00	0.00	0.00	—
Acute Poliomyelitis (in- cluding Polio-encephalitis) .....	—	0.01	0.01	0.01	0.01
Pneumonia .....	0.61	0.55	0.59	0.52	0.64
<b>Notifications (Corrected):</b>					
Typhoid .....	—	0.00	0.00	0.00	0.01
Para-Typhoid .....	—	0.01	0.01	0.01	0.01
Meningococcal Infection .....	—	0.03	0.04	0.03	0.03
Scarlet Fever .....	4.63	1.39	1.50	1.44	1.02
Whooping Cough .....	2.66	3.58	3.72	3.38	3.30
Diphtheria .....	—	0.01	0.01	0.01	0.00
Erysipelas .....	0.12	0.14	0.14	0.13	0.12
Smallpox .....	—	0.00	0.00	0.00	—
Measles .....	19.76	12.36	11.27	12.32	8.09
Pneumonia .....	0.24	0.84	0.92	0.76	0.73
Acute Poliomyelitis (in- cluding Polio-encephalitis)					
Paralytic .....	0.24	0.07	0.06	0.06	0.07
Non-Paralytic .....	—	0.04	0.03	0.04	0.03
Food Poisoning .....	0.12	0.24	0.25	0.24	0.38
<b>Deaths:</b>	<b>Rate per 1,000 Live Births</b>				
All causes under 1 year of age .....	40.7	26.8	30.8	24.3	24.8
Enteritis and Diarrhoea under 2 years of age .....	—	1.1	1.3	0.9	1.1
<b>Notifications (Corrected):</b>	<b>Rates per 1,000 (Total Live and Still) Births</b>				
Puerperal Fever and Pyrexia .....	—	18.23	24.33	12.46	28.61

# MATERNAL MORTALITY IN ENGLAND AND WALES

Intermediate List Number and Cause	No. of Deaths	Rates per 1,000 Total (Live and Still Births)	Rates per million women aged 15-44
A 115 Sepsis of pregnancy, childbirth and the puerperium .....	68	0.10	
Abortion with toxæmia .....	7	0.01	1
A 116 Other toxæmias of pregnancy and the puerperium .....	166	0.24	
A 117 Haemorrhage of pregnancy and childbirth .....	90	0.13	
A 118 Abortion without mention of sepsis or toxæmia .....	30	0.04	3
A 119 Abortion with sepsis .....	39	0.06	4
A 120 Other complications of pregnancy, childbirth and the puerperium	125	0.18	

## PRINCIPAL VITAL STATISTICS FOR THE YEAR 1953

(Based on the Registrar General's figures)

	Royston Urban District	Aggregate West Riding Urban Districts	West Riding Admins. County	England and Wales (Prov. Figures)
<b>Birth Rate per 1,000 estimated population:</b>				
Crude .....	15.1	15.4	15.7	15.5
Adjusted .....	16.0	15.5	16.0	
<b>Death Rate per 1,000 estimated population:</b>				
Crude .....	9.6	12.5	11.6	11.4
Adjusted .....	11.7	12.6	12.1	
Infective and Parasitic Diseases excluding Tuberculosis but in- cluding Syphilis and other				not
Veneral Diseases .....	0.12	0.09	0.08	available
Tuberculosis, respiratory .....	0.37	0.17	0.16	0.18
Tuberculosis, other .....	0.12	0.02	0.02	0.02
Cancer .....	0.86	1.99	1.88	1.99
Vascular Lesions of the Nervous System .....	1.23	1.96	1.76	not
Heart and Circulatory Diseases	4.29	4.63	4.26	available
Respiratory Diseases .....	1.10	1.39	1.30	do.
<b>Maternal Mortality</b> (per 1,000 Live and Still Births)	—	0.38	0.51	0.76
<b>Infant Mortality</b> (Deaths under 1 year per 1,000 Live Births) .....	40.7	27.6	29.2	26.8
<b>Still Births</b> (Rate per 1,000 total Births)	16.0	25.0	24.7	22.4

## GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

The provision of residential accommodation for the aged and infirm and for those in need of care and attention rests with the County Council. Requests for such accommodation last year were few and most of the applicants were found suitable vacancies without delay. There was some shortage of ground-floor accommodation in the hostels for those older patients whose infirmities prevented them from climbing stairs. These patients might be classified as "border-line" cases between the aged infirm group and the aged sick and herein lies a difficulty, for the responsibility for the aged infirm rests with the local health authority, whereas the responsibility for aged sick rests with the Regional Hospital Board. It is this group of aged people who require ground floor hostel accommodation, and an increase in the number of applicants from this group for residential accommodation was apparent. Happily there has been established between the local health authority and the Hospital Management Committee a close understanding on the health and welfare of the aged and, in consequence, difficulties in deciding whose responsibility for the residential care of the "border-line" group of aged persons seldom occurred.

I am glad to report that in no instance was it necessary to take action under Section 47 of the National Assistance Act, 1946.

The hospital needs of the acute sick and of maternity patients, both as regards in-patient and out-patient treatment were, as usual, well provided for by the Sheffield and Barnsley hospitals. The arrangements for hospital treatment for those suffering from infectious diseases were excellent and vacancies in sanatoria for tuberculous patients were usually obtained without undue delay. Accommodation for the chronic sick, while improved was not always completely adequate and difficulty in obtaining admission was experienced during certain periods of the year. While a seriously ill patient of whatever age or disease is always found immediate hospital accommodation where hospital treatment is essential it is not always appreciated that the same urgency for hospital admission might arise, not on medical but on social grounds. The old person, living alone, who while not gravely ill nevertheless shows evidence of general physical deterioration, the household caring for the chronic sick patient who becomes further harassed by acute sickness in another member of the household: both of these are instances where admission to

hospital is a matter of urgency on social grounds. Until this class of patient can be given hospital admission with as equal expedition as that given to the acute sick there will always be something lacking in the provisions of the hospital services. I would like to write that hospital accommodation for the mentally defective person was improved last year, but I regret to state it remained unaltered and unsatisfactory. I do not forget that the local health authority has definite responsibility for the health and welfare of the mentally defective and the effective discharge of that responsibility was made easier by the agreement with the Barnsley County Borough to admit mentally defective children for training in their Occupation Centre. Thirteen such children from the division attended the Centre regularly last year to the mutual benefit of the children and their respective families. Further improvement in the situation may be expected in the future for the County Council has agreed to convert that part of The Gables, Wombwell, until recently used as the Divisional Health Office, into an Occupation Centre. I am certain that the more facilities made available for the training of mentally defective children, particularly in Occupation Centres, the less need there will be to seek institutional accommodation though the need will always remain for those in whom the degree of mental deficiency is severe.

### **General Hospitals**

The general hospitals serving your district are given below. Their administration rests with the Leeds and Sheffield Regional Hospital Boards through the local hospital management committees.

Leeds Regional Hospital Board:

1. Clayton Hospital, Wakefield.
2. General Hospital, Wakefield.
3. Leeds General Infirmary.

Sheffield Regional Hospital Board:

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.

### **Infectious Diseases Hospitals**

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulances for this service.



## **Maternity Hospitals**

Maternity cases were usually admitted to the following hospitals:

1. St. Helen Hospital, Barnsley.
2. Pindar Oaks Maternity Home, Barnsley.
3. Manygates Hospital, Wakefield.
4. Hallamshire Maternity Home, Chapeltown.

The services of the Jessop Hospital, Sheffield, and the Maternity Hospital, Leeds, were also available for abnormal obstetric cases.

## **Tuberculosis Scheme**

The close link between the Chest Centre and the Health Department was maintained throughout the year. The Tuberculosis Visitor was again the main co-ordinating link for through her work at the Chest Centre she learned of the clinical problems of the patient and by her visits to the home was able to relate them with the problems of prevention peculiar to the family. The checking of contacts and search for the source of infection, ever a difficult and arduous task, went on while the patient received treatment, and advice was given to the family on the measures to be taken to prevent the spread of infection. In this way the disease and the patient were considered together and an even balance was struck between cure and prevention to the detriment of neither.

After-care arrangements included extra-nourishment, where recommended by the Chest Physician, in the form of a free milk allowance, and bed, bedding, and other equipment were loaned to patients where necessary to help in the preventive measures in the home.

The programme of the clinics held at the Chest Centre, 46 Church Street, Barnsley, is given below:

Tuesday,	10.0 a.m. to 12.0 noon (children)
Wednesday,	10.0 a.m. to 12.0 noon.
Wednesday,	2.0 p.m. to 4.0 p.m.
Thursday,	10.0 a.m. to 12.0 noon.
Friday,	10.0 a.m. to 12.0 noon.

## **Venereal Diseases**

The nearest centre for Royston patients for the diagnosis and treatment of venereal diseases is in Barnsley:

Address: Special Treatment Centre,  
Queen's Road,  
BARNSELEY.

Other centres are situate in Sheffield, Rotherham and Wakefield and a patient is at liberty to attend at the centre of his choice. Treatment is completely confidential.

## **Ambulance Service**

Each succeeding year sees the demand on the ambulance service grow and last year was no exception to the rule. While the stretcher-case figure remains relatively unchanged the out-patient traffic was heavier and 24,000 more out-patients were carried than in 1952. The increase, while making severe demands on the service and its organisation, was accomplished without any increase in either the vehicle strength or personnel establishment.

Certain improvements in the service, very necessary from the patient's point of view, were made; for example the waiting time in the out-patient departments for return ambulances was cut and the discharges from hospital by ambulance were speeded up. Almost the whole of the ambulance service is devoted to hospital work in one form or other and it should be appreciated that by far and away the largest number of authorisations for ambulances is given by members of the hospitals' staffs. It is obvious therefore that the closest liaison must exist between the ambulance service and the hospital staffs and to this end the Regional Hospital Board encourages each hospital to appoint a hospital ambulance officer. Only when the co-operation between ambulance and hospital authorities is uniformly good throughout the area will the ambulance service operate at its maximum efficiency and economy.

## **Home Nursing**

Last year the Home Nurses made 3,369 visits to patients in the district as compared with 3,321 visits in the previous year. The increase in the number of visits was not caused by an increase in the amount of sickness but by the increased demands made on the service by the family doctors. That such demands could be met was made possible by an increase in the home nursing establishment and the provision of an adequate relief system.

The scope of the home nursing service has widened and the effect of the expansion was seen last year when more calls for nursing attention to patients suffering from acute illnesses were received than was usual in the past. The limit of the service has by no means been reached and I fully expect the demands on the service will steadily increase in the next few years with the scope and variety of the patients nursed ever widening. Home nursing does not replace hospital treatment but is complementary to it and does materially help hospital bed accommodation especially when



used in conjunction with the home help scheme. Throughout the year there existed a close liaison, through the almoner service, between the hospitals and the health department, with the result that it was possible to discharge patients from hospital, particularly those recovering from operation, sooner than would have been the case if the home nursing service had not been so fully developed. The need also for some of the chronic sick being admitted to hospital was removed because of the availability of a home nurse and a suitable home help.

Nursing in the home is to be encouraged and not discouraged. Hospitals are necessary for many illnesses but the aim should always be to treat a patient in his own home and only admit to hospital when adequate treatment in the home is impossible. More often than not the main stumbling block to home nursing is inadequate housing accommodation and not inadequate means of treatment and as the housing situation improves so will the emphasis on home nursing become stronger. The family doctor, with the help of a home nurse and domestic assistance, can more than cope with most illnesses and it will be for the benefit of the community if he is allowed and encouraged to do so.

## **Home Helps**

The aims and organisation of the service were unaltered and as in previous years the greatest need for assistance was found among the aged groups of the population who received, in total, over four-fifths of the available assistance. By following the principle of giving the minimum help to the maximum number, all applicants got some household assistance even though it may not have been the optimum amount.

There is no doubt that the home help service has been a great boon to the people and particularly to the aged by helping them to overcome the difficulties of household management which inevitably increase with sickness and advancing years. But the service has its limitations and indeed if the service is to succeed as a welfare service it will need the unstinted voluntary co-operation from the healthy members of the community. The existing service is no substitute for either hospital nursing or hostel accommodation for it cannot provide a 24 hours service for those patients requiring constant care and attention. It does not provide relief for relatives who have to sit up all night with seriously ill dependants nor can it be expected to provide for those

households who because of illness or grave domestic difficulties require a full-time housekeeper. The aged, with their increasing infirmities and immobility, require many attentions which the service is not wholly able to give; shopping and running errands, collection of pensions, help at bed-time and with meals. The scope for voluntary assistance to aged people has not lessened because of the home help scheme nor will it lessen in the future and a helping hand to the aged will ever be welcome and appreciated. It is a sound maxim that a shilling's worth of help is worth a pound of advice the recognition of which is often the hallmark of a good neighbour.

### **Laboratory Service**

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

### **Maternity and Child Welfare**

The maternity and child welfare centre again proved a most popular institution among the mothers of the district and indeed attendances at the ante-natal clinics were appreciably higher than those for the previous year. This is an unusual occurrence for since the advent of the general practitioner-obstetrician scheme, established by the National Health Service Act, attendances at the Local Health Authorities ante-natal clinics have tended to fall generally throughout the country. The infant welfare clinics have not to face this competition and it is easy to see why, if we pause to consider the purpose for which the clinics are intended. The fundamental purpose of infant welfare clinics is to prevent illness in children rather than to treat the ailing child, and their chief weapon is health education and not the bottle of medicine. To fulfil its purpose the clinic teaches mothercraft, the instruction of mothers in infant management and care so that the various milestones in the baby's development are clearly understood and the mothers can recognise early and correct the minor diatetic disorders. The clinic is not in competition with the family doctor's surgery for the two have different functions, the one to prevent illness

occurring and the other, usually, to treat illness already established. For a baby to require medical treatment can often be construed as an admission of failure by the parents to apply the principle of infant care or a failure of the clinic to make these principles clearly understood to parents. The clinic staff will always try to promote infant health and I hope the mothers of Royston will always be ready to respond.

### Infant Welfare Clinic—Attendances during 1953

		No. of children who attended during the year	Total Attendances Under 1 yr.	Over 1 yr.
Wesleyan Sunday School	Wednesday			
High Street	10 a.m. to 12 noon	346	2,925	1,945
Royston	2.0 p.m. to 4.0 p.m.			
Dr. H. W. Gothard				

### Ante-Natal Clinic—Attendances during 1953

		No. of Women who attended during the year	Total number of attendances made during the year
Wesleyan Sunday School	Tuesday		
High Street, Royston	2.0 p.m. to 4.0 p.m.	86	391
Dr. M. E. Tapissier			

## SCHOOL HEALTH SERVICES

Routine School Medical Inspections were carried out by Dr. S. G. A. Henriques at the under-mentioned schools.

Royston C. of E. J. M. and I. School.

Royston Secondary Modern Girls' School.

Royston Secondary Modern Boys' School.

### Summary of defects found:

School visited	No. of children examined	DEFECTS FOUND						No. passed for Treat- ment
		Ocular	E.N.T.	Heart	Lungs	Ortho- paedic	Others	
Royston C. of E. J. M. and Infants .....	173	33	15	5	11	2	17	27
Royston Secondary Modern Girls' .....	141	18	5	1	1	1	11	19
Royston Secondary Modern Boys' .....	134	20	2	2	1	1	1	21
	448	71	22	8	13	4	29	67

## CLINICS

### School Clinics

	No. of individual attendances	Total Number of attendances
Wesleyan Sunday School, High Street, ROYSTON	147	286

### Specialist Clinics

1. **Ophthalmic Clinic** (1 clinic per week)  
Mr. N. L. McNeil, M.B., D.O.M.S., Ophthalmologist.
 

No. of children examined in 1953 .....	168
No. of children seen for the first time .....	41
2. **Orthopaedic Clinic** (1 clinic per month)  
Mr. T. L. Lawson, F.R.C.S., Orthopaedic Surgeon.
 

No. of children examined .....	7
Total attendances .....	13
No. of appliances ordered .....	1
No. of appliances obtained .....	1
3. **Ear, Nose and Throat Clinic** (1 clinic per month)  
Mr. W. L. Rowe, F.R.C.S., E.N.T. Surgeon.
 

No. of children examined .....	14
Total attendances .....	35
No. of children referred for removal of tonsils and adenoids .....	1
No. of children who received operative treatment .....	2
4. **Paediatric Clinic** (1 clinic per month)  
Dr. C. C. Harvey, M.D., M.R.C.P., Paediatrician.
 

No. of children examined .....	15
Total attendances .....	20

### Special Clinics

1. **Child Guidance Clinic**  
Dr. M. M. MacTaggart, M.A., B.Ed., Ph.D., Educational Psychologist.
 

No. of children examined .....	34
Total attendances .....	112
2. **Speech Therapy Clinic** (1 clinic per week)  
Mrs. P. J. Battye, L.C.S.T., Speech Therapist.
 

No. of children seen .....	14
Total attendances .....	178
3. **Sunray Clinic** (2 sessions per week)
 

No. of children attending .....	1
Total attendances .....	16
4. **Minor Ailments Clinic**

No. of sessions held .....	48
No. of children found to have defects .....	327
No. of children treated .....	449

## SANITARY CIRCUMSTANCES OF THE AREA

### Housing

The number of inhabited houses in the district at the end of the year was 2,439. 96 new houses were completed by the Local Authority and 8 by private enterprise. A detailed analysis of the housing situation is given in the report of the Sanitary Inspector.

### Water Supply

The Township receives its water supply in bulk from the Corporation of Barnsley via the Council's service reservoir at Carlton. A sufficient supply to the reservoir was maintained and it was not necessary to issue economy warnings during the year. No restriction on consumption was imposed during the year.

The water was analysed at regular intervals by the Barnsley Waterworks Department before its supply to the Carlton reservoir and was found satisfactory on all occasions.

## GENERAL EPIDEMIOLOGY

	No. of cases Notified	Admitted to Hospital	Died
Scarlet Fever .....	38	34	—
Whooping Cough .....	21	1	—
Acute Poliomyelitis (Paralytic) .....	2	2	—
Measles .....	162	1	—
Dysentery .....	2	—	—
Erysipelas .....	1	—	—
Food Poisoning .....	1	1	—
Pneumonia .....	2	1	5
	229	40	5

The following table shows the age distribution of Infectious Diseases notified during the year.

	Under 1 year	1-4	5-14	15-24	25-44	45-64	65 and over
Scarlet Fever .....	—	10	27	1	—	—	—
Whooping Cough .....	2	10	9	—	—	—	—
Measles .....	2	84	76	—	—	—	—
Acute Poliomyelitis:							
Paralytic .....	—	—	1	—	—	1	—
Dysentery .....	—	1	1	—	—	—	—
Erysipelas .....	—	—	—	—	—	—	1
Food Poisoning .....	—	1	—	—	—	—	—
Pneumonia .....	—	—	—	—	1	—	1
	4	106	114	1	1	1	2



## **Scarlet Fever**

38 cases of Scarlet Fever were notified last year as against 8 in the previous year. Of the 38 cases 34 were admitted to hospital more because of the difficulty of nursing and isolation at home than because of the severity of the illness. In general the disease was mild and without serious complications.

## **Measles**

There was an epidemic of Measles in the district last year when 162 cases were notified as compared with 24 in the previous year. The epidemic occurred during the first half of the year with the peak towards the middle of the second quarter. The cases were spread evenly throughout the district, the illness in general was mild and the incidence of complications small.

## **Whooping Cough**

The incidence of Whooping Cough was lower last year when 21 cases were notified as against 47 in 1952. One child was admitted to hospital for treatment.

Whooping Cough and Measles are the two most important diseases affecting young children, but there are two most important points of difference which make Whooping Cough the more serious disease. Firstly, Whooping Cough attacks babies under one year of age more frequently than does Measles and secondly, the incidence of pulmonary complications is higher in Whooping Cough. These differences make Whooping Cough the more dangerous illness, and, in fact, only in Poliomyelitis of the common communicable diseases is the risk of permanent sequelae greater.

Immunisation against the disease, which is undertaken from the age of four months onwards, has been made available at the welfare clinic and the response by parents has been steady and is growing. No greater claim is made for the vaccine than that it should prove efficacious in the majority of cases and research still continues in manufacturing a vaccine as potent as the one against Diphtheria. The number of children immunised at the clinic against Whooping Cough is as yet too small to be able to form a definite conclusion as to its value, but it is encouraging to note that so far none of the children immunised has contracted the disease.

## **Smallpox and Diphtheria Prophylaxis**

Smallpox for very many years and Diphtheria in recent years have not made their presence felt in Royston for which we must all be thankful. Neither diseases, however,

have been entirely eliminated from the country and each succeeding year sees an outbreak of one or the other or even both in some part of the land causing, at least, in the case of Smallpox much mental perturbation among the population and no little dislocation of the community life. It is indeed strange that, when the means of prevention of both diseases are within the grasp of all, parents remain loath to accept vaccination and immunisation for their children. Primary vaccination in adults is perhaps not without complications or ill effects and that is why it is so important to accept vaccination in infancy when constitutional disturbances are either absent or extremely mild. Last year approximately 26% of infants were vaccinated, a percentage far removed indeed from the ideal.

For almost 100 years and until 1948 when the Vaccination Orders were repealed vaccination of infants was compulsory though there was an escape clause in the legal enactments for parents who objected to vaccination on conscientious grounds. The repeal of the Vaccination Orders was followed by a serious decline in infant vaccination, a decline which I think proved that compulsion without appreciation, even though the compulsion be of long standing, leaves no lasting impression and when removed tends to have the opposite effect of what is intended. Smallpox is a forgotten disease in most parts of the land but the danger of its recurrence undoubtedly persists. How to make parents appreciate the danger is one of the problems of the health department and one, which no matter how disappointingly slow the response, must ever receive attention and effort.

Fortunately the statistics for diphtheria immunisation are very much better than those for vaccination and indeed on the whole are good. The statistics for last year show that 74.4% of all children in the district between the ages 0-14 years were immunised with 73.3% of the children in the age group 0-4 years and 74.8% of the children in the age group 5-14 years protected.

### **Poliomyelitis**

Two cases of Poliomyelitis were notified last year and I regret to report that one patient, a child, was left with some residual paralysis, affecting her left leg, and was still under treatment from the Consultant Orthopaedic Surgeon at the end of the year.



## Tuberculosis

12 cases of Pulmonary Tuberculosis and one case of Non-Pulmonary Tuberculosis were notified last year. There were three deaths from Pulmonary Tuberculosis and one from Non-Pulmonary Tuberculosis. Examination of contacts was energetically pursued and more progress was made in the B.C.G. vaccination scheme for child contacts of open cases of Pulmonary Tuberculosis.

### TUBERCULOSIS—Record of Cases during 1953

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at 1st January, 1953 .....	25	12	2	2
No. of cases notified for the first time during the year .....	5	6	1	—
No. of cases restored to register	—	—	—	—
No. of cases added to register otherwise than by notification	1	—	—	—
No. removed to other districts .....	3	1	—	1
No. cured or otherwise removed from register .....	—	—	—	—
No. died from disease .....	2	1	1	—
No. died from other causes .....	1	1	—	—
Total at end of 1953 .....	25	15	2	1

### TUBERCULOSIS—New Cases and Mortality in 1953

Age Periods	NEW CASES		DEATHS	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
0—1 .....	—	1	—	1
1—5 .....	—	—	—	—
5—10 .....	1	—	—	—
10—15 .....	—	—	—	—
15—20 .....	1	—	—	—
20—25 .....	3	—	—	—
25—35 .....	3	—	—	—
35—45 .....	—	—	1	—
45—55 .....	1	—	—	—
55—65 .....	3	—	1	—
Over 65 .....	—	—	1	—
TOTALS .....	12	1	3	1

# ROYSTON (YORKS.) URBAN DISTRICT COUNCIL

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## SANITARY INSPECTOR'S REPORT FOR THE YEAR 1953

To the Chairman and Members of the Royston Urban District Council

Mr. Chairman, Madam and Gentlemen,

It is my privilege and pleasure to submit my eighth Annual Report showing the work done in the Sanitary Section of the Public Health Department during the year ended 31st December, 1953.

As in previous years, that portion of the Report dealing with the Public Cleansing Service and Salvage refers to the Financial Year ended 31st March, 1954.

As in the previous year, easing in the supply position for various classes of building materials was not reflected to any great extent in the amount of repair and re-conditioning of existing properties. As in recent years, this vitally important work was again retarded by reason of the Building Programme absorbing much the greater proportion of available building labour. New work, as well as being more attractive than dirty re-conditioning work, continued to hold its appeal to building labour and bonus schemes for this class of work quite naturally resulted in preference being shown for it. Nonetheless, general repair work maintained steady progress and the amount of work which was able to be carried out in this respect could not be regarded as inconsiderable. In spite of this, however, much work remains to be done if the results of the period when fabric became more dilapidated by reason of such work being impossible during and just after the National Emergency are to be overcome. The continuing rise in the cost of repairs and re-conditioning of existing properties is readily reflected in the amount of repair work carried out, but as the number of new houses completed rises, it is reasonable to suppose that the demand for houses being met will begin to show in the smaller number of new houses required, and when this stage is reached, then will it become possible to press on with the work of bringing existing properties back to standard. In some instances, unless works are carried out in the reasonably near future, I fear that deterioration of fabric will have reached the stage when minor repairs will no longer be effective, and unless very considerable amounts of money are expended on the rehabilitation of properties, the only action which will be able to be taken is to have houses

demolished. The question of delay being caused as a result of the rents of private properties being "pegged" is one which has been referred to on more than one occasion, but it would appear that legislation is under consideration which will remedy this matter. Even with amendments to legislation so far as rents are concerned, the ever mounting amount of repair and re-conditioning work requiring to be done can only take a long time to bring up to date.

The question of the deterioration of fabrics due to heavy atmospheric pollution has been referred to in previous Reports and is discussed more fully in that part of this Report dealing with Smoke Abatement. The domestic chimney continues to be a serious offender in this respect but this aspect cannot be divorced from the question, in a District like this, of concessionary coal to householders employed in or about collieries. It cannot be overlooked that older properties are beginning to show the ravages of atmospheric pollution and this can only remain a matter of considerable concern.

### **Verminous Houses**

During the year under review, this matter continued to receive attention and whilst the number of complaints received of cockroach infestation showed an increase over the previous year, these were by no means as numerous as was the case a few years ago. It would appear, therefore, that the work which has been done in this respect is beginning to bear fruit.

During the year, the following properties were dealt with :—

Type of House	Infested	Treated
Council Houses	6	6
Other Houses	16	16

As in previous years, houses found to be infested were treated according to the type and degree of infestation. Infestations of bed bugs continued to be treated by spraying with liquid insecticide containing either D.D.T. or Gammexane whilst cockroach and silverfish infestations were treated primarily with Gammexane Dust followed by spraying where the infestations did not yield to the primary treatment.

The persistent heavy infestation of the Council's Refuse Tip by crickets of recent years showed definite signs of diminution during the year under review although slight infestation was again apparent. The availability of suitable covering material from various sources proved a great help in this direction as sealing off the working faces and the top of the tip with incombustible material reduced the heat in the Tip and consequently checked the breeding of these insects. Treatment of the exposed surfaces of the Tip with Gammexane Dust also

contributed to the reduction of the infestation. As in previous years, the quantity of garden refuse finding its way into dustbins increased considerably as more new houses were completed and occupied. As has been said in previous years this material provides ample food on which the insects feed, cause the tip to be spongy, prevents proper consolidation of the refuse and also heats the tip considerably. In this latter connection, it is with regret that I have to report that on one occasion the tip fired, but fortunately, the fire was able to be quenched within a short time, with the assistance of the National Fire Service, and no further fire broke out.

It is again pleasing to be able to report continuing very close co-operation with the Housing Department. It is even more pleasing to be able to report that Council houses found to be verminous in previous years showed no evidence of re-infestation. The two traditional houses on the Pinfold Estate which were treated with liquid H.C.N. during the previous year were visited on several occasions and no evidence of re-infestation was able to be detected. In one new case in Council owned property, slight infestation yielded to spraying and no further evidence of infestation occurred.

In all instances, the full co-operation of tenants concerned was able to be obtained and resulted in quicker and more satisfactory clearance of infestations.

More specimens of various insects were brought to the office for identification and classification where tenants were suspicious and it gives a feeling of some satisfaction to know that householders feel that they can come to the Sanitary Department for information and advice on these matters.

The practice of issuing small quantities of powder to tenants of infested houses continued as in previous years and this continues to appear to be greatly appreciated. Furthermore, tenants realise, also, that even with modern materials, time is essential if clearance of infestations is to result. The cockroach infestations coming to the notice of the Department, whilst showing a slight increase on the previous year, were by no means as severe as was the case some time ago, and quick treatment brought them more readily under control. One can but hope that with determined and prolonged effort, the serious and widespread cockroach infestations of only a few years ago will soon be brought under complete control.

## **TRANSFER OF TENANTS TO COUNCIL HOUSES**

As in previous years, the system was continued whereby the houses and effects of tenants selected as tenants of Council Houses, both new and existing, were inspected for the presence of vermin prior to removal.

During the year, 109 houses were inspected in accordance with the Council's instructions in this respect. In only three instances was there any suspicion of infestation and it is extremely gratifying to be able to report that in no instance was the infestation found to be a "live" infestation. Protective spraying was carried out in each case, however, prior to removal.

As in previous years, the vast majority of tenants selected as tenants of Council-owned property take pride in keeping their new houses clean and appreciate the amenities provided in new houses, but, unfortunately, some cases still remain where more care could readily be exercised in order to maintain new houses in good condition.

## SANITARY CIRCUMSTANCES OF THE DISTRICT

### (a) Water Supply

The question of the distribution of water from bulk supplies from the Barnsley Borough Council is dealt with by the Surveyor in his capacity as Water Engineer.

No samples of water, either for Chemical or Bacteriological examination (other than those obtained by the Barnsley Corporation) were obtained during the year.

### (b) Closet Accommodation

Particulars of the various types of sanitary conveniences in use in the District at the end of 1953 are as follow :—

Type	No.
Water Closets .....	2590
Privies .....	48
Chemical Closets .....	2

During the year five additional closets were provided for existing properties and 130 were constructed for new houses.

One privy was converted during the year, at the owner's expense, to the water carriage system of drainage.

The remaining privies in the District do not, still, lend themselves to conversion owing to the inaccessibility of sewers, and the provision of sewerage can, therefore, but remain a matter for future planning. In this connection, the possibility of converting quite a number of privies in the High Street area when the new Doles Housing Site is developed and sewers laid will be fully investigated as soon as development starts.

During the year, the existing conveniences at the Old Ring O' Bells Inn were taken out of use and new conveniences were provided for both sexes at these licensed premises. The urinal at these premises, which is sited near the Wakefield Bus Terminus was continued in use for the benefit of the travelling



public. The new public conveniences on Midland Road were also brought into use during the year, but this matter is dealt with more fully in that part of this Report dealing specifically with the matter of public sanitary accommodation.

The vexed question of the cleansing of cesspools in Lee Lane was again raised by property owners during the year, but after full consideration it was again decided that the Council could not, at least at the moment, undertake the cleansing of these.

### (c) **Public Cleansing Service**

The following report on the Public Cleansing Service is for the Financial Year ended March, 1954.

Details of the various types of refuse receptacles in use in the District at the end of the year were as shown below :—

Dustbins .....	2320
Dry Ashpits .....	Nil
Privy Middens .....	34
Chemical Closets .....	2

One privy with one midden was converted during the year, a galvanised iron dustbin being provided for the reception of domestic refuse.

The cleansing of all remaining privies continued, as in recent years, to be carried out by the Public Cleansing Staff, outside assistance being no longer used. Privies continue to be cleansed monthly, the Public Cleansing Staff working overtime on this work, prior to normal working hours, which ensures that cleansing is carried out early in the morning before most people are about and minimises nuisance as far as possible. At the same time, this arrangement allows normal cleansing of the District to proceed weekly, without hindrance.

The following Table gives details of the number of refuse receptacles emptied during the year, together with the number of loads and their estimated weight.

Receptacles	No. Emptied	No. of Loads	Estimated Weight		
			T.	C.	Q.
Dustbins, etc. ....	125,407	1828	4935	12	0
Privies ....	365	79	213	6	0
Trade Refuse ....		155	77	10	0
Totals ....	125,772	2062	5226	8	0

I am glad to be able to report, yet again, that the labour position was able to be maintained throughout the year, temporary labour having to be obtained only for the holiday period.

The continuing progress of the Housing Programme results, automatically, in increasing work for the Public Cleansing Staff, and with the longer "carries" makes the work continually more arduous. Up to the present time the staff engaged on this work has not been increased but continuing expansion of the Housing Programme can only result, if the regular weekly cleansing of the District is to be maintained, in the staff engaged on this most essential work being increased. For some years now, regular weekly cleansing of the District has been maintained and I am firmly of the opinion that to revert to a less frequent collection could only be regarded as a retrograde step and one to be avoided at all costs. This matter of staffing will have to be borne in mind and considered in the near future if the efficiency of the Public Cleansing Service is not to be impaired.

As has been said on previous occasions, speaking generally, workmen engaged on this very essential work of environmental hygiene are held in higher regard than was the case in the not too distant past when their predecessors were engaged almost entirely on the unenviable work of cleansing privies. People realise more fully that the regular removal of refuse is essential to the maintenance of good health.

### COSTING

House and Trade Refuse	Collection			Disposal			Totals		
	£	s.	d.	£	s.	d.	£	s.	d.
Wages ... ..	2022	16	2	400	4	4	2423	0	6
Petrol and Oil ... ..	154	6	7	—	—	—	154	6	7
Spares, repairs, etc. ... ..	51	2	10	17	4	7	68	7	5
<hr/>									
Totals— <b>EXCLUDING</b> General Administrative Charges and Depreciation ... ..	2228	5	7	417	8	11	2645	14	6
Cost per ton ... ..	8 6			1 7			10 1		
<hr/>									
General Administrative Charges and Depreciation ... ..	296	13	2	29	8	0	326	1	2
<hr/>									
Total Cost <b>INCLUDING</b> General Administrative Charges and Depreciation ... ..	2524	18	9	446	16	11	2971	15	8
Cost per ton ... ..	9 7½			1 8			11 3½		
<hr/>									
Estimated Population (Mid-summer 1953—Registrar General's Figure) .....							8,152		
Number of houses or premises in the District .....							2,757		
Rateable Value of the District .....							£30,922		
Product of 1d. Rate .....							£115/5/10		
Total Rates in the £ .....							27/-		
							T.	C.	Q.
Total Tonnage Collected .....							5226	8	0
Output of Refuse per 1,000 population per annum .....							653	6	0
Output of Refuse per 1,000 population per day .....							1	16	0
Average length of haul .....							1 mile		



Based on the estimated weight, the weight of house refuse collected per 1,000 population per day was slightly less than 35 cwts. This figure shows a slight decrease on that for the year 1952/53 despite the fact that more houses came into full occupation. This would appear to be due to two main factors. In the first place, the quality of "Home" coal improved considerably with a consequent reduction in the amount of heavy contrary matter in domestic refuse, and in the second place, more modern solid fuel appliances were installed both in existing and new houses with a resultant higher efficiency of fuel burned. The full effects of the replacement of obsolete and inefficient solid fuel appliances will probably be reflected better after a longer period of use. In spite of this, the figure remains high, but, as has been stated on a number of occasions, it is still probably a direct result of the majority of householders in the District being in receipt of concessionary coal. As has been mentioned in earlier Reports, although the quantity of concessionary coal allowed to mine workers was reduced in the recent past, the quantity of coal going to houses occupied by mineworkers is still considerably more than is the case of other householders who only have the amount of coal allowed to private houses. Economy in the use of fuel is not necessary to the same extent in these cases.

The number of instances where modern solid fuel appliances were installed during the year continued to increase. Advice continued to be sought on the type of appliance to be installed and this seeking of advice continues to give satisfaction.

On the matter of the quantity of combustible material remaining in house refuse, much has been said on previous occasions and little remains to be said except that it must be deprecated that such a quantity of quite valuable material is simply wasted annually. Attention has been drawn in previous Reports to the ever increasing quantities of garden refuse being placed in dustbins and the attendant risk of fire from this cause in the Council's Refuse Tip. It is with regret that I have to report that during the year under review, the Tip did actually fire. Fortunately, the outbreak was discovered early and steps were able to be taken immediately to deal with the matter, as a result of which spread of the fire was prevented and the outbreak quickly got under control and put out. Had immediate steps not been taken and serious fire had occurred, it is doubtful, having in mind the very considerable quantity of refuse which has been tipped over the years on this Tip, whether it would have been possible to bring the fire under control, and had this happened, I fear that it would have resulted in the tip being left to burn itself out which could only have taken a very long time. Whilst I am convinced that the cause of the fire was

spontaneous combustion, the possibility of fires being started by children who are constantly found on or about the Tip after working hours is always a possibility.

In calculating the cost per ton, no allowance is made for income from the sale of salvaged materials. Income from this source during the year fell to £52/5/4, details of which appear in that portion of this Report dealing with Salvage. This income reduces the cost per ton (collection and disposal) to 11/1d.—a reduction of 2½d. per ton.

The cost of the Public Cleansing Service, expressed as Cost per Ton (Collection and Disposal) shows a very slight decrease during the year—11/3½d. for the year 1953/54 as against 11/4d. for the year 1952/53.

I am still firmly of the opinion that Public Cleansing Costs in this District compare very favourably with those of adjoining Districts.

## **SALVAGE**

As in previous years, separation of various classes of Salvage remained an integral part of the Public Cleansing Service.

Owing to uncertain markets, the income from this source again fell. Income amounted only to the sum of £52/5/4 as against £100/16/9 in the financial year 1952/53 and £615/0/2 during the 1951/52 Financial Year. In spite of the fall in income, the small amount realised did result, as already stated, in a slight reduction in the cost of the Public Cleansing Service expressed as Cost per Ton.

So far as I am able to ascertain, the mutual arrangements between householders and pig and poultry keepers for the collection of kitchen waste continued to operate during the year under review, but it would appear that the number of pigs being kept by householders fell considerably.

The weights and values of the various classes of salvage disposed of during the year are shown in the following Table :—

## SALVAGE STATISTICS

Year ended March, 1954

Material	Weight				Value		
	T.	C.	Q.	Lbs.	£	s.	d.
Paper .....	13	11	2	0	49	18	6
Rags, etc. ....		8	2	7	2	6	10
	14	0	0	7	52	5	4

The weights disposed of show considerable reduction, but with some stability returning to the waste paper market, arrangements were again able to be made for the regular monthly collection of available supplies of paper. So far as rags etc., are concerned, very little of this material now seems to find its way to the Tip, but the number of people who can be seen in the District collecting such material and taking it out of the District continue to increase and one can only assume that the quantity able to be collected must be adequate to justify these people travelling some distance to collect it. In no instance during the year under review was any case found where toys were being exchanged for rags but judging by the number of goldfish about after collection of rags, it is reasonable to assume that this loophole was used to the best possible advantage. Prosecutions for offences under this heading appear to have very little effect although it is most interesting to note that where prosecutions have been instituted, the same defendants appear regularly before the Courts over widely separated localities.

## DISINFECTION OF HOUSES AFTER INFECTIOUS DISEASES

In accordance with the now established practice, disinfection was carried out at all houses where cases of infectious diseases were notified. The number of cases where requests were made for disinfection, other than after cases of common infectious disease, fell during the year, but should application be made for premises to be disinfected, such requests will always be granted.

## SANITARY INSPECTION OF THE DISTRICT

### (1) Number and Nature of Inspections

The following Table gives details of the number and nature of inspections carried out during the year :—

Nature of Inspection						No. of Visits Paid
<b>Housing</b>						
Housing and Public Health Acts	.....	.....	.....	.....	.....	2602
Verminous Premises	.....	.....	.....	.....	.....	617
Miscellaneous Housing	.....	.....	.....	.....	.....	636
Works in Progress	.....	.....	.....	.....	.....	800
<b>Meat and Food Inspection</b>						
Slaughterhouses	.....	.....	.....	.....	.....	5
Shops and Stalls	.....	.....	.....	.....	.....	12
Other Premises	.....	.....	.....	.....	.....	1
Butchers	.....	.....	.....	.....	.....	65
Fishmongers and Poulterers	.....	.....	.....	.....	.....	40
Grocers	.....	.....	.....	.....	.....	126
Greengrocers and Fruiterers	.....	.....	.....	.....	.....	20
Dairies and Milkshops	.....	.....	.....	.....	.....	8
Ice-Cream Premises	.....	.....	.....	.....	.....	47
Food Preparing Premises	.....	.....	.....	.....	.....	76
Street Vendors and Hawkers Carts	.....	.....	.....	.....	.....	7
Food Poisoning	.....	.....	.....	.....	.....	11
Cases of Anthrax	.....	.....	.....	.....	.....	62
Miscellaneous Food Visits	.....	.....	.....	.....	.....	42
<b>Infectious Diseases</b>						
Inquiries and Disinfection	.....	.....	.....	.....	.....	149
Miscellaneous	.....	.....	.....	.....	.....	111
<b>General Sanitation</b>						
Water Supply	.....	.....	.....	.....	.....	27
Drainage	.....	.....	.....	.....	.....	432
Stables and Piggeries	.....	.....	.....	.....	.....	46
Licensed Premises	.....	.....	.....	.....	.....	33
Fried Fish Shops	.....	.....	.....	.....	.....	31
Civil Defence	.....	.....	.....	.....	.....	40
Barnsley Canal	.....	.....	.....	.....	.....	230
Factories	.....	.....	.....	.....	.....	41
Crickets	.....	.....	.....	.....	.....	5
Bakehouses	.....	.....	.....	.....	.....	13
Public Conveniences	.....	.....	.....	.....	.....	358
Refuse Collection	.....	.....	.....	.....	.....	159
Refuse Disposal	.....	.....	.....	.....	.....	46
Rats and Mice	.....	.....	.....	.....	.....	327
Shops	.....	.....	.....	.....	.....	4
Miscellaneous Sanitary Visits	.....	.....	.....	.....	.....	508
Interviews	.....	.....	.....	.....	.....	571
Salvage	.....	.....	.....	.....	.....	41
Issue of Petrol	.....	.....	.....	.....	.....	126
Total Number of Visits						8485

## (2) Complaints Received

During the year, 218 complaints were received, details of which are as shown below :—

Nature of Complaint	No. Received
Cockroaches .....	15
Choked drains .....	31
Dampness .....	5
Defective W.C. Cistern .....	9
Defective W.C. Apartment .....	3
Defective W.C. Service Pipe .....	9
Overcrowding and Bad Housing Conditions .....	35
Rats .....	18
Mice .....	2
Subsidence .....	13
Defective wash copper .....	1
General dilapidations .....	9
Defective range .....	10
Defective oven .....	3
Defective wall and ceiling plaster .....	5
Defective fireplace .....	1
Defective W.C. Pedestal .....	5
Defective yard gully .....	1
Defective parting bead .....	1
Bugs .....	3
Smoke Nuisance .....	4
Defective sink waste pipe .....	5
Defective eaves gutters .....	7
Dustbin not emptied .....	2
Wood boring beetle .....	1
Inadequate sanitary accommodation .....	1
Silverfish .....	2
Water in cellar .....	4
Defective worn sink .....	7
Defective sash cords .....	1
Displaced inspection cover .....	1
Defective lock .....	1
Beetles .....	1
Raining in .....	2
	<hr/>
	218
	<hr/>

## FACTORIES ACTS, 1937 and 1948

During the year there were no alterations to the premises included in the Register.

Premises included in the Register were inspected from time to time during the year, 41 inspections being made for the purpose.

No complaints of uncleanness were received from H.M. Inspector of Factories during the year, but two cases found during routine inspections where cleansing was required were remedied following informal action.

During the year, the sanitary accommodation at the New Street Factory of Messrs. A. Valentine Stubbs Ltd., was completely reconstructed, and an additional water closet apartment was provided.

No notifications under the provisions of Sections 110 and 111 of the Factories Act, 1937 (Outworkers) were received during the year.

The following Tables are extracts from the Form of Return submitted to the Ministry of Labour and National Service.

### PART I OF THE ACT

#### 1. **Inspections** for the purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	Number on Register	Number of Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	12	41	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	—	—	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ... ..	—	—	—	—
Total	12	41	—	—



## 2. Cases in which DEFECTS were found

Particulars	Number of cases in which defects were found				No. of cases in which Prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1) ... ..	2	2	—	—	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ... ..	—	—	—	—	—
Inadequate ventilation (S.4) ... ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ... ..	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient ... ..	—	—	—	—	—
(b) Unsuitable or defective ... ..	—	—	—	—	—
(c) Not separate for sexes ... ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ... ..	—	—	—	—	—
Total	2	2	—	—	—



## SMOKE ABATEMENT

As in previous years, it is again pleasing to be able to report that no nuisance from smoke arising in the District was noted during the year under review. The nuisances both from smoke and grit from outside the district from one of the stacks at the Monckton Colliery Unit and the Coking Plant to which reference has been made on more than one occasion, continued.

From enquiries made, it would appear that the steam raising plant at the Monckton Colliery Unit is to be modernised, but little evidence of this work having been done was apparent during the year, judging by the persistent quantities of dense smoke issuing from the stack in question. Even if the plant at present in use is becoming obsolescent, correct methods of firing with inferior fuel can be carried out without giving rise to the serious nuisance which this plant causes. So far as the grit nuisance is concerned, since the new ovens were fitted, this does not appear to be as serious as was the case only a year or two ago, but I am still firmly of the opinion that this nuisance arises from the quenching tower.

On the question of Smoke Nuisances generally, much which has been said in previous years still holds good. Adverse factors affecting this District continue to operate and smoke drifts over the District continually from stacks, burning spoil banks, etc., according to the prevailing wind, from outside the District. So far as the domestic chimney is concerned, as has been said in earlier Reports, much of the pall of smoke seen hanging about in the atmosphere comes from the domestic chimney. It is worthy of note that during the year under review, a considerable number of old, obsolete and extremely inefficient solid fuel burning appliances were taken out of use and replaced with modern appliances and it seems reasonable to suppose that this trend will increase over the next few years. The wider use of such appliances which burn solid fuel much more efficiently and consume volatiles instead of pouring them into the atmosphere in the form of smoke will, eventually, result in much less fuel having to be used and much heat which was lost is now made use of for the heating of water in domestic hot water systems. In Districts like this, however, where concessionary coal is part of the wage structure for men employed in or about coal mines, it would be extremely difficult to advise householders that only smokeless fuel should be used in modern appliances. This aspect of the vexed question of atmospheric pollution would need to be discussed at a much higher level if any alteration is to be effected.

## FOOD AND DRUGS ACT, 1938

As in previous years, the various premises registered under the provisions of Section 14(2) of the Food and Drugs Act, 1938, were inspected periodically during the year, details of the premises inspected being shown in the Table of Inspections. Except for very minor matters, the premises were found to be in a generally satisfactory condition.

There were no prosecutions during the year.

## HOUSING

During the year 1953, 829 houses were inspected for defects within the meaning of the Public Health and Housing Acts, 2,497 visits being made for the purpose.

Progress in the repairing and reconditioning of existing properties was made during the year, but shortages of materials and labour continued to limit the amount of work which could be done. External re-painting of older houses which has been commented upon during the previous two years continued during the year under review and improved the appearance of properties painted very considerably. In heavily polluted atmospheres such as are experienced in mining areas generally, paintwork soon loses its fresh appearance but fresh, bright paint can do much to relieve the dinginess which smoke laden atmospheres cause. With the timber position easing somewhat, a considerable amount of work was carried out whereby older type panelled and moulded doors were flushed, before painting, which should add considerably to the continuing life of woodwork which was already beginning to show the ravages of age and lack of attention. Exterior painting, as well as improving the appearance of properties, also has a preservative effect on timber.

On the vexed question of the re-conditioning and rehabilitation of older properties, little more than has been said in previous years can now be said. The economic factor continues to loom large in this respect. During the year under review, further advances both in labour costs, and these were by no means inconsiderable, and in the cost of materials had a further braking effect so far as the repair of existing properties was concerned. The question of Rent Reform was under active consideration at the highest possible level and what the results of the lengthy deliberations might be can, at the moment, remain only a matter of conjecture. The whole question is one which bristles with difficulties and only the passage of time will be able to tell how and when such difficulties will resolve themselves. More houses begin to show signs of fairly rapid deterioration,

and smoke laden atmospheres make the rate of deterioration much more rapid. With the vast majority of available building labour continuing to be engaged on the provision of new houses, the amount of such labour remaining available for repair and reconditioning can only be comparatively small. At the same time, should the demand for new houses begin to fall off, then building labour would, automatically, become more readily available for necessary attention to be given to older houses.

With the easing of the timber position, certificates for the replacement of eaves gutters, etc., were no longer required, and it is interesting to note that replacement of such gutters increased very considerably following the release of timber from control. Whilst prior knowledge of such works did not come to the knowledge of the Department as was the case in previous years, I am glad to be able to report that more works were carried out without the necessity of notices from this Department although in many instances, advice was sought both by Owners and Contractors before works were started and whilst works were in progress.

Evidences of damage by mining subsidence were both more numerous and widespread than in previous years. In accordance with recent practice, where it was suspected that damage to fabric had been caused by subsidence, owners were advised and consultations with Representatives of the National Coal Board were held on numerous occasions. All houses suspected were kept under observation during the year and several properties were repaired, at least temporarily, by the National Coal Board. In some instances, further damage became apparent very shortly after works of repair had been carried out but such rapid recurrence of trouble appeared to be confined to houses at the lower end of Midland Road.

The number of complaints of overcrowding and/or bad housing conditions showed a sharp increase during the year, 35 such complaints being received as against only 15 during 1952. It can only be assumed that the sharp increase was the result of a considerable number of new Council Houses being erected during the year. All cases were investigated and reports on the conditions found submitted to the Health Committee. During the year, 35 cases which had been reported in this manner were re-housed, and, as in previous years, many distressing circumstances came to light. Many instances still remain where two or even three families occupy the same house, and instances continue to be found where young couples, often with one or more children, occupied single rooms, in effect, as separate dwellings. Even after the provision of the number of new houses during the year under review, the overall position, so far as can be ascertained, does not appear to have altered materially

and, except by a completely new Overcrowding Survey, the true position can only be assumed. As has been mentioned in previous Reports, the continuing high cost of providing new houses must be reflected in the rent charged for new houses, and there can be no doubt that payment of such rents must strain the financial resources of tenants, and especially so if the tenants are young married couples with a young family.

So much has been said on the question of moral overcrowding that it is doubtful whether much more remains to be said. At the same time, however, this matter must remain a very serious social evil which will have to be tackled boldly. Where more than one family occupy a small house the difficulties are very real. Parents make no hesitation in saying how worried they are when they have mixed families and only two bedrooms where it is well nigh impossible to properly separate the sexes and the trouble is still further aggravated by male members in many households working on different shifts.

So far as the unfit, insanitary house is concerned, it would appear that the day is no longer far distant when action against such houses will once again get into its stride. The possible serious effects resulting from the continued occupation of such houses will only become apparent after possibly quite a number of years, and this will apply particularly in the cases of younger children where serious effects of living under overcrowded conditions in dark, damp houses may not begin to be noticed until later in life.

At the same time, remarks which have been made in earlier Reports to the effect that such houses with all their shortcomings do at least provide some shelter and allow occupiers to occupy their own home rather than share accommodation with one or more other families, continues to apply, but at best, this can only be regarded as unsatisfactory. It becomes more apparent from comments made by householders, that the high cost of providing new houses, reflected in higher rents being charged, is, as had been anticipated, straining the financial resources of members of lower income groups and there is a tendency for tenants of highly rented houses to drift back to older properties, at smaller rents, which are more in keeping with their financial position if they are to maintain financial stability.

During the year, a considerable number of families moved out of the District to take up the tenancy of houses provided by the National Coal Board often on account of the long time they had been on the Council's waiting list and not knowing when they might be allocated a Council House. Remarks made by many such families leave one in no doubt whatsoever that acceptance of the tenancy of these houses was with extreme reluctance. In spite of this movement out of the District, the



Council's Waiting List showed no appreciable diminution, and, as has already been stated, complaints of overcrowding and bad housing or sleeping conditions continued to be received. I am of the firm opinion, however, that with continued building at the rate achieved during the year under review, the future housing needs of the District must be much less than was the case only a few years ago. At the same time, however, as more young people marry and have families, and with the increasing number of older people and the longer expectation of life, so will the need for further houses to be provided continue, for some years at any rate.

Owners and Agents of privately owned property continue to be loath to spend large amounts of money on properties where signs of serious decay are apparent, and with the possibility of resumption of the demolition of such houses coming more prominent, this attitude can be understood and appreciated. Such houses can only be kept as weatherproof as possible without works of major repair etc., being undertaken. Minor repairs can give little satisfaction to tenants, and conditions generally in these houses can only progressively become worse pending the time when formal action again becomes possible, the houses being demolished and the tenants re-housed.

During the year, following re-housing of the tenant, the house known as 53 High Street, was demolished, on an Undertaking given by the owner, and two houses in Back Lane and No. 69 High Street, were closed, on undertakings given by the owners that if the Council re-housed the tenants, the houses would not be re-let.

Taken overall, therefore, the question of housing continues to be a vexed and ever more complex one, but continued progress with the Housing Programme, must, in time, result in some solution being arrived at, and when the urgent necessity for new houses is somewhat satisfied then available building labour will once again be returned to repair and re-condition older properties.

During the year, one application was received for an Improvement Grant under the provisions of Section 20 of the Housing Act, 1949 (5 Church Hill), but after full and careful consideration, the application was not approved.

## **INSPECTION AND SUPERVISION OF FOOD**

As in previous years, this vitally important matter continued to receive attention during the year, and premises registered under the provisions of Section 14(2) of the Food and Drugs Act, 1938, were kept under regular supervision. One mobile wet fish shop in the District was also inspected at regular intervals. School canteens were also visited,



## Food Premises

At the end of the year, the following food premises were in use in the District :—

Butchers Shops—Retail—Private .....	10
Butchers Shops—Retail—Multiple Firms .....	3
Bakehouses .....	4
Cafes .....	1
School Canteens .....	2
Catering Establishments .....	1
Fried Fish Shops .....	10
Wet Fish Premises (sold from Mobile Shop) .....	1
Greengrocers and Fruiterers .....	8
Grocers and General Dealers .....	45
Licensed Premises (including Clubs) .....	14

The various premises were inspected during the year and details of inspections made are given in the Table of Inspections.

## Milk (Special Designation)(Raw Milk) Regulations, 1949

At the end of the year, two supplementary licences for the sale of milk under the Special Designation "Tuberculin Tested" remained in force in the District.

## Milk (Special Designation)(Pasteurised and Sterilised) Milk Regulations 1949

At the end of the year, the following Supplementary Licences remained in force :—

Milk sold under the Special Designation "Sterilised" .....	2
Milk sold under the Special Disignation "Pasteurised" .....	3

## Ice-Cream

During the year, 6 further applications were received for the registration of premises for the sale of ice-cream. All premises were inspected and Certificates of Registration issued for the sale of wrapped ice-cream only, the Council being averse to the sale of loose ice-cream. At the end of the year 23 sets of premises were registered as shown below :—

Storage and Distribution Depot .....	1
Sale of wrapped ice-cream .....	22

All premises registered were inspected during the year and found to be satisfactory. There are now no premises in the District registered for the manufacture of ice-cream.

## Food Preparing Premises

At the end of the year, 9 sets of premises were registered under the provisions of Section 14(2) of the Food and Drugs Act, 1938, as premises used for the preparation of Sausages or Potted, Pressed, Pickled or Preserved Food intended for sale. No new premises were added to the register during the year.

Registered Premises were inspected periodically throughout the year, details of inspections made being shown in the Table of Inspections. All premises were found to be reasonably satisfactory.

## Meat Inspection

As in previous years, meat for sale in the various butchers' shops in the District was slaughtered in the Barnsley Abattoir and delivered to retail shops by motor vehicles provided with all metal, readily cleansed, insulated bodies. The amount of contamination arising during delivery did, from time to time, give cause for dissatisfaction, and the condition in which offals, especially sheep and lamb plucks, was delivered was, in many instances, far from satisfactory. No instance occurred during the year where meat had to be returned to the abattoir. It was apparent during inspections of butchers' shops that much trimming had to be carried out from time to time to remove contamination from meat.

During the year, only four pigs slaughtered for home consumption were inspected. It seems reasonable to suppose that many pigs were either sent into the Government Centres or, as had happened in other years, had been slaughtered outside the District. One pig, emergency slaughtered, was sent to the Abattoir in Barnsley.

Notification was received during the year, through the Police, of one pig and one stirk having been found dead and, post mortem, found to have died from Anthrax. In both instances, the assistance of the Department was sought in connection with the disposal of the carcasses and the disinfection of the premises where the deaths had occurred. The closest possible co-operation with the Police Authorities was able to be maintained. In both instances, the carcasses were disposed of by burning.

## Other Foods

Details of other foodstuffs found to be unsound and which were voluntarily surrendered are given below. Such foodstuffs were disposed of by burying on the Council's Refuse Tip, the only means of disposal.

Type of Foodstuff	Quantity
Pork Sausage .....	134½-lbs.
Beef Sausage .....	13-lbs.
Sliced Boiled Ham .....	178-lbs.
Jellied Veal .....	31-lbs. 3-ozs.
Pork Luncheon Meat .....	8-lbs. 5-ozs.
Chopped Pork .....	10-lbs. 3-ozs.
Tinned Tomatoes .....	16-lbs. 9-ozs.
Grapefruit Juice .....	8¾-ozs.
Blackcurrant Jelly .....	1-lb. 4-ozs.
Red Cherries .....	4-lbs. 11-ozs.
Rock Lobster .....	6½-ozs.
Tongue .....	42-lbs. 4-ozs.
Bilberries .....	6-lbs. 7-ozs.
Blackberries .....	15-ozs.
Plums (tinned) .....	23-lbs. 13-ozs.
Apple Puree .....	1-lb. 11-ozs.

Fruit Salad	.....	6-lbs.
Chicken	.....	6-ozs.
Baked Beans	.....	6-lbs. 8-ozs.
Macaroni Cheese	.....	2-lbs.
Red Cabbage	.....	6-ozs.
Tinned Peas	.....	4-lbs.
Pressed Beef	.....	7-lbs. 8-ozs.
Greengages	.....	4-lbs. 11-ozs.
Bacon	.....	149-lbs.
Cheese	.....	10-lbs. 4-ozs.
Irish Gammon	.....	22-lbs. 14-ozs.
Corned Beef	.....	1-lb. 12-ozs.
Pears	.....	1-lb. 8-ozs.
Tinned Peaches	.....	1-lb.
Tinned Oranges	.....	2-lbs.
Treacle Pudding	.....	1 tin
Jam Sandwich	.....	9-lbs.
Balmoral Cake	.....	12-lbs. 8-ozs.
Tinned Milk	.....	2 pints
Fish Cakes	.....	57
Salmon—Grade 1	.....	3½-ozs.
Milk Whipping Compound	.....	9-ozs.

### PREVENTION OF DAMAGE BY PESTS ACT, 1949

As in previous years, the systematic inspection of the District for the detection of infestations by rats and mice, followed up by treatment as and when found to be necessary, continued during the year under review.

A further 10% test of sewers was carried out, and the continuing apparent lack of infestation resulted in authority being received from the Ministry of Agriculture and Fisheries (Infestation Division) to dispense with any sewer treatment during the Financial Year. It would appear, therefore, that treatments carried out during previous years have proved effective and that re-infestation of the Council's Sewers has not occurred.

Further treatments were again found to be necessary in the Council Junior Schools, Midland Road, with, so far as could be ascertained, satisfactory results.

Regular routine inspections were made at the Council's Refuse Tip, Salvage Shed, Pooles Lane Sewage Works and Church Hill Depot, and treatments were carried out whenever any evidences of rat infestations became apparent. The estimated kill in all instances was found to be satisfactory, and there was little or no evidences of residual infestations at the end of the year.

Private properties, as in recent years, continued to be dealt with by Block Control Methods.

The following Table is an extract from the Form of Report submitted to the Ministry of Agriculture and Fisheries for the period under review.

# **Type of Property**

All other  
(including  
Business  
premises)

Local  
Authority

Dwelling  
Houses

Agri-  
cultural

Total

Total number of properties in Local Authority's District ... ..	5	2439	6	150	2600
Number of properties inspected by the Local Authority during the 15 months ended 31st March, 1954, as a result of (a) notification, (b) survey under the Prevention of Damage by Pests Act, 1949, (c) otherwise e.g. when visited primarily for some other purpose					
(a)	—	24	—	4	28
(b)	14	34	6	4	58
(c)	—	—	—	—	—
Number of properties inspected which were found to be infested by rats ... ..	3	—	—	—	3
Major	4	15	—	3	22
Minor					
Number of properties inspected which were found to be seriously infested by mice	—	2	—	1	3
Number of infested properties treated by the Local Authority ... ..	7	17	—	4	28
Number of notices served under Section 4:					
(1) Treatment ... ..	—	—	—	—	—
(2) Structural Works ... ..	—	—	—	—	—
Number of cases in which default action was taken by the Local Authority following the issue of a notice under Section 4 ... ..	—	—	—	—	—
Legal Proceedings ... ..	—	—	—	—	—

Once again, I am glad to be able to report that in no instance was it found necessary to take formal action for the carrying out either of treatment or structural repairs, owners and occupiers of properties being found only too willing to give fullest co-operation to clear infestations.

### **BARNSELEY CANAL**

This matter continued to be a matter of grave and urgent importance during the year under review.

The level of the water in the canal continued to fall and weed growths became ever more abundant with a resultant further checking of the flow of water. Although to all intents and purposes the water remaining in the canal became stagnant, no evidence of nuisance from smell was apparent. Nevertheless, as will be seen from the Table of Inspections, numerous visits were made and the canal was kept under constant and regular supervision so that, should evidence of Nuisance have become apparent, necessary steps could have been taken immediately to have the nuisance abated. So far as the weed growths were concerned, approach was made to the Inland Waterways Executive and steps were taken for the weed growths to be removed.

Heads of Agreement between all interested Parties were finally agreed, and a Warrant authorising the abandonment of the Canal was issued by the Ministry of Transport during the year. At the end of the year conveyance of the canal to various other Bodies or Persons had not been completed.

The canal continues, therefore, to be an open watercourse although the quantity of water remaining in it continues to get lower and lower, and until the whole position is properly finalised, this stretch of water must remain a possible menace to public health.

### **PUBLIC CONVENIENCES**

During the year, the new public conveniences, for both sexes, on Midland Road were erected and made available to the Public. From the start, mis-use was apparent—damage was caused to the fabric during the course of erection, and within days of the building being made available for public use, damage to the building and fittings was apparent almost daily.

The urinals on Cross Lane and at The Wells continued to receive their full share of mis-use.

The urinal outside the Old Ring O' Bells, which was no longer required by the licensed premises following the provision of new sanitary accommodation for both sexes, approached from inside the premises, was taken over by the Council to provide public accommodation at the Wakefield Bus Terminus. As with the other public sanitary accommodation, damage and mis-use was rampant.



The wanton and senseless damage and destruction constantly being found at all these premises cannot be condemned in too strong terms. Unfortunately, although all cases of damage found were reported to the Police, it was not found possible to ascertain the identity of the persons who had actually caused the damage, but authority was given to the Police, should they be fortunate enough to obtain sufficient evidence, to institute proceedings against such persons.

As has been said in earlier Reports, it is difficult to understand why public amenities continue to be grossly abused. Much more could be said on this matter but unless and until persons responsible can be found and action taken against them, words can be of little avail.

### **SUPPLY OF DUSTBINS**

The scheme whereby dustbins are renewed and charged to the Rate Fund came into operation on 1st January, 1953.

The scheme, during the first year of operation, appears to be working well. Letters of instruction are issued to tenants of houses to which new bins are supplied and in only two instances during the year was it necessary to warn tenants for mis-use of dustbins supplied under the scheme.

### **MOVEABLE DWELLINGS**

During the year it was found that a caravan had been parked off Pinfold Lane and was in regular occupation. The owner of the land was seen and acquainted with the legal position and the owner of the caravan, which had no water supply nor adequate sanitary accommodation, was advised that it would not be possible for him to continue to occupy the land on which his caravan stood, as it was not licensed for the purpose and that the Council did not approve.

The caravan was moved out of the District, and no other moveable dwellings are located in the District.

### **CIVIL DEFENCE**

During the year, necessary furniture was issued, on loan, by the County Council for use for training purposes. Despite several efforts to start Basic Training Classes, such classes were unable to be started.

### **MORTUARY**

Other than small items of normal maintenance work, no other works were found necessary in the mortuary building during the year.

## CONCLUSION

As will have been seen from the foregoing Report, the Sanitary Section of the Public Health Department again had a busy and varied year.

I would like to take this opportunity of expressing to the Chairman, the Vice-Chairman and Members of the Health Committee, my appreciation for their support during the year.

During the year, the Medical Officer of Health, Dr. J. R. Murdock, resigned on being appointed Medical Officer of Health at Huddersfield, and Dr. R. S. Hynd, Divisional Medical Officer for Division 25, was appointed Acting Divisional Medical Officer. Working conditions between the office of the Divisional Medical Officer and mine continued to be most amicable.

I am glad, also, of the opportunity of thanking my fellow Officials for the support and help which they have at all times afforded me in the discharge of my duties.

I am, Madam and Gentlemen,

Your obedient Servant,

GEORGE E. MILLAR,

Sanitary Inspector and  
Cleansing Superintendent









